

4 Feb 05

INFORMATION PAPER

SUBJECT: Psychological and Psychiatric Problems in Soldiers Returning from OIF

1. **Purpose.** To provide TRADOC leaders information regarding the prevalence of psychiatric problems in Soldiers returning from OEF/OIF, and to remind them of the resources available for their Soldiers.

2. **Facts.**

a. After reviewing non-battle casualty data in theater, the Commanding General, U.S. Central Command, asked the Army Surgeon General to establish and dispatch a Mental Health Advisory Team (MHAT) to assess and provide recommendations on Operation Iraqi Freedom-related mental health issues. Their findings were published in the summer of 2004.

b. The MHAT team determined that in-theater suicides were higher in 2003 than recent Army historical rates (from 1995-2002). The survey team also estimated that approximately 27% of all deployed Soldiers suffered from symptoms of anxiety, depression, and post traumatic stress disorder (PTSD). Military medical experts state that one in eight Soldiers returning from OIF could now be suffering from PTSD. Symptoms of anxiety, depression, and PTSD are continuing to plague many Soldiers long after returning from combat.

c. The MHAT findings demonstrated that the most common stressors for OIF Soldiers were seeing dead human remains, being attacked or ambushed, knowing someone who was seriously injured or killed, and/or family-related problems. OIF Soldiers who were not subjected to these stressors do not generally exhibit the worrisome signs or symptoms described in 2.b. above.

d. TRADOC has and will continue to receive OIF returnees into various assignments, to include assignments as Drill Sergeants, 1SGs, and Co Cdrs. Based on the MHAT findings, there is a high probability that OIF Soldiers, adversely affected by their OIF service, are currently

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serving in TRADOC (while others will be assigned to TRADOC in the near future).

e. Affected Soldiers will often ignore and deny symptoms of mental health problems even though they suffer from flashbacks, panic attacks, irritability, mood swings, sleep problems, excessive startle-response to noise, and new or rapidly progressive relationship issues. Some may try to escape their symptoms through substance abuse and social isolation. Those affected will frequently not seek help either because of the military's emphasis on duty, honor, and personal courage, or because the Soldier fears detrimental career effects from a mental health evaluation.

f. A positive command climate that emphasizes help-seeking behavior as a sign of a Soldier's personal courage, regardless of rank, is one of the keys to helping OIF returnees obtain the mental help that they require. Soldiers should always be encouraged to self-refer. Early identification and intervention is the key to rapid recovery, and the key to avoiding the progression of otherwise mild symptoms to PTSD.

g. Installation Chaplains, mental health professionals, and primary health care professionals are available to help affected Soldiers, to educate new TRADOC Soldiers at Drill Sergeant Schools and Pre-Command Courses, and to educate all Soldiers on the sign and symptoms of anxiety, depression, and post traumatic distress disorder.

Dr. Van Aalten/ATBO-M/(757) 788-2097
APPROVED BY: COL Greg Jolissaint